

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017732

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4511 Registrar's No. 32

VS 300
Rev. 4/59

1 10-50
2 10-50
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED APR 16 1962 a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harris</u>		c. CITY OR TOWN <u>Harris</u>	
Length of stay in 1b <u>10 mos.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or print) First <u>Audrey</u> Middle <u>Hamilton</u> Last <u>Davis</u>		4. DATE OF DEATH Month <u>Apr.</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-97</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Newtown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>U. S. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Nora E. Lowry</u>	
14. NAME OF HUSBAND OR WIFE <u>Golda Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>5</u>		17. INFORMANT <u>Mrs. Golda Davis, Newtown, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:00 P.</u> Month, Day, Year <u>4/3/62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Harris, Mo.</u>	
21. I attended the deceased from <u>4/3/62</u> to <u>4/3/62</u> and last saw him/her alive on <u>4/3/62</u> Death occurred at <u>2:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Harris, Mo.</u>	
22a. SIGNATURE <u>W. W. Payne</u>		22b. ADDRESS <u>Harris, Mo.</u>	
22c. DATE SIGNED <u>4/5/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-5-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newtown Cemetery,</u>	
23d. LOCATION (City, town, or county) <u>Newtown, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>4-9-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Bickert</u>		23g. ADDRESS <u>Judd & Payne, Newtown, MO.</u>	

MAY 8 1962

APR 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. Howard Judd

Licensed Embalmer No. 3240

P. O. Address New Town Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.